| **VA** Department of Veterans Affairs | **MERIT REVIEW APPLICATION** |
|---|---|

| 1. TAB NO. | 2. APPLICATION NO. | 3. REVIEW GROUP | 4. REVIEW DATE | 5. FACILITY NO. |
|---|---|---|---|---|

| 6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE) | 7. SOCIAL SECURITY NO. | 8. DATE OF LAST SUBMISSION MERIT REVIEW |
|---|---|---|

9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.I.)                         DEGREE(S)

10. PROGRAM TITLE (72 CHARACTERS MAXIMUM)

11. AMOUNT REQUESTED EACH YEAR

| 1ST | 2ND | 3RD | 4TH | 5TH | TOTAL |
|---|---|---|---|---|---|

**12. VA EMPLOYMENT STATUS**
- ☐ FULL TIME
- ☐ PART TIME ( /8 TIME)
- ☐ CONSULTING          HRS/WEEK
- ☐ ATTENDING          HRS./WEEK
- ☐ WOC          HRS./WEEK

**13. VA SALARY SOURCE**
- ☐ RESEARCH CC103
- ☐ RESEARCH CC104
- ☐ RESEARCH CC105
- ☐ RESEARCH CC110
- ☐ CAREER DEVELOPMENT CC108
- ☐ PATIENT CARE
- ☐ HSR&D
- ☐ RR&D
- ☐ COOP. STUDIES
- ☐ OTHER VA

**14. TYPE PROGRAM**
- ☐ NEW
- ☐ ONGOING
- ☐ SUPPLEMENT
- ☐ TYPE II
- ☐ NO. PROJECTS IN PROGRAM

15. PROGRAM                         COST CENTER

16. PRIMARY RESEARCH PROGRAM AREA                         PRIMARY SPECIALTY AREA

17. VA HOSPITAL SERVICE AND SECTION

18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION

19. PROGRAM USE (Each item must have a response)

| HUMAN SUBJECTS | ☐ YES ☐ NO | INVESTIGATIONAL DRUGS | ☐ YES ☐ NO | RADIOISOTOPES | ☐ YES ☐ NO |
| ANIMAL SUBJECTS | ☐ YES ☐ NO | INVESTIGATIONAL DEVICES | ☐ YES ☐ NO | BIOHAZARDS | ☐ YES ☐ NO |

20. SUMMARY OF RESEARCH/DEVELOPMENT SUPPORT FOR THREE PRIOR YEARS

| | TOTAL VA | TOTAL NON-VA | GRAND TOTAL |
|---|---|---|---|
| FY_____ | $_____ | $_____ | $_____ |
| FY | $_____ | $_____ | $_____ |
| FY_____ | $_____ | $_____ | $_____ |

21. DATE ENTERED ON DUTY VA OR EXPECTED DATE OF ENTRY VA

| SIGNATURE PRINCIPAL INVESTIGATOR(S) | DATE |
|---|---|

| SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT | DATE |
|---|---|

VA Form **10-1313-1**